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Governor's eHealth Care Quality and  
Patient Safety Board:  
Stakeholder Baseline Readiness, Perspective,  
and Buy-In

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March 2006 Online Survey and Follow-up  
Interviews: A Summary of Findings

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# Survey and Interview Goals

- Educate and engage key stakeholders in the roadmap planning process.
- Develop an overall picture of baseline status, readiness, investment in, and support for the e-Health board's goals and process.



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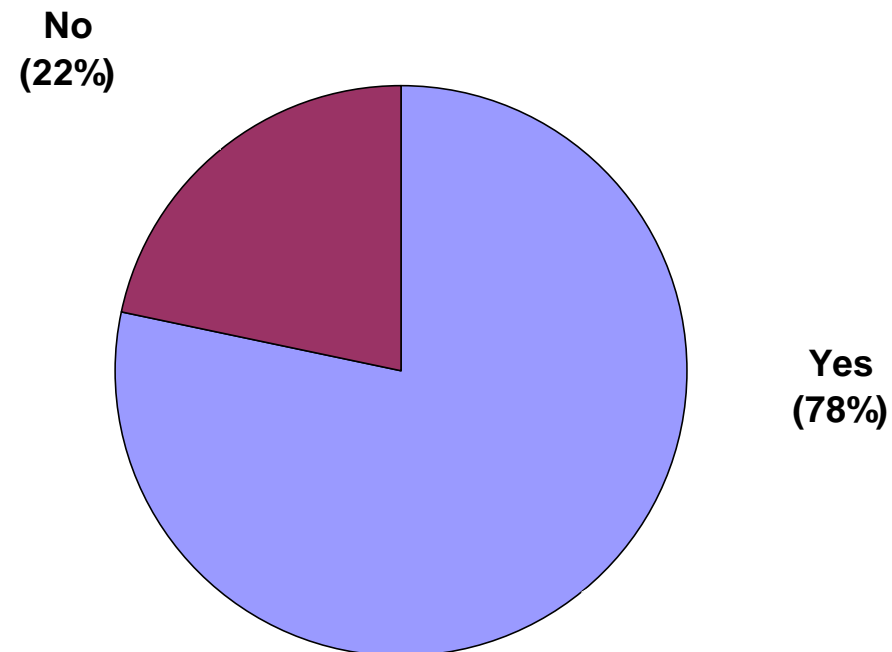
# What Have We Learned?

- Organizational readiness for EHR and HIT
- Priorities in improving Wisconsin's health system
- Appropriate and feasible roles for selected stakeholders
- Considerations for developing Wisconsin's action plan
  - SWOT
  - Challenges



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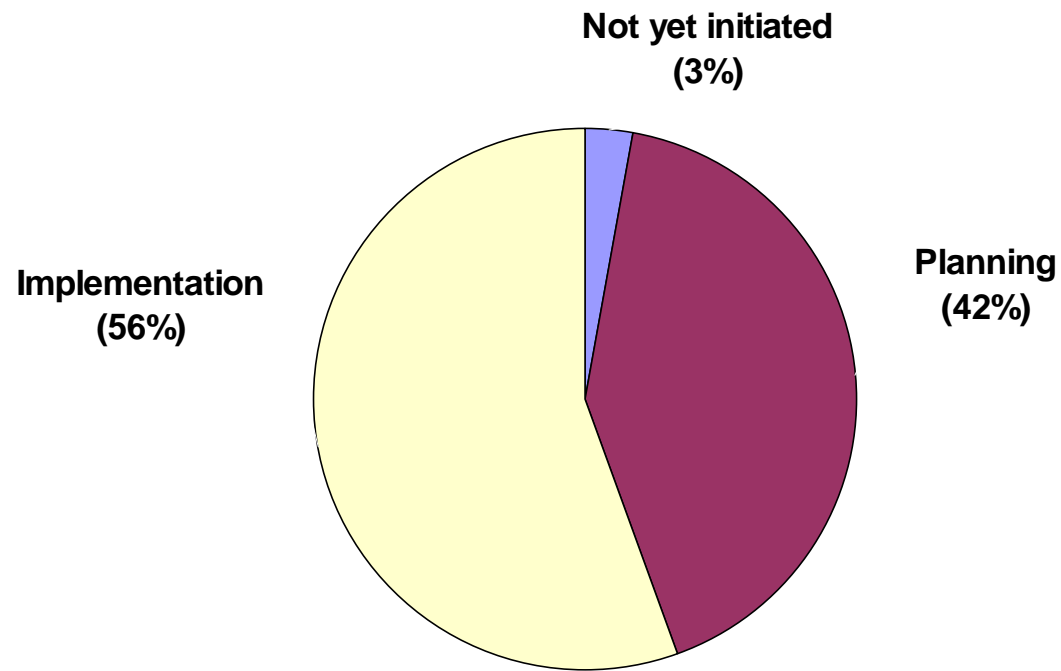
**Organizations with Mid-term Strategic Goals that Rely on  
Health Information that is Not Currently Available**  
(n = 37 respondents)



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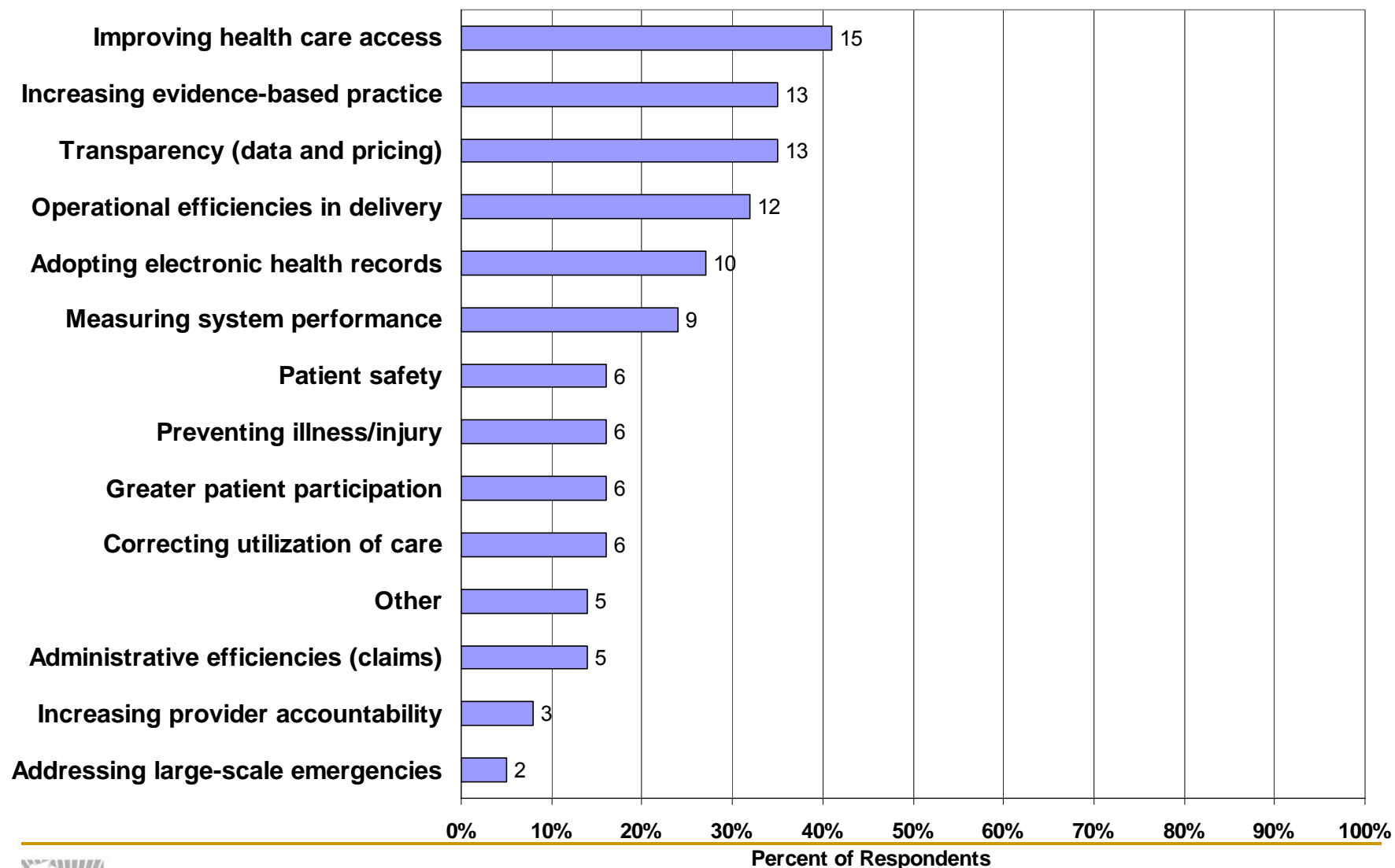
## Organizational Progress in Addressing Internal Information Needs

(n = 36 respondents)



## Top Priorities in Health System Improvement in Wisconsin

(n = 37 respondents)



*Note: each respondent could select up to 3 priorities*



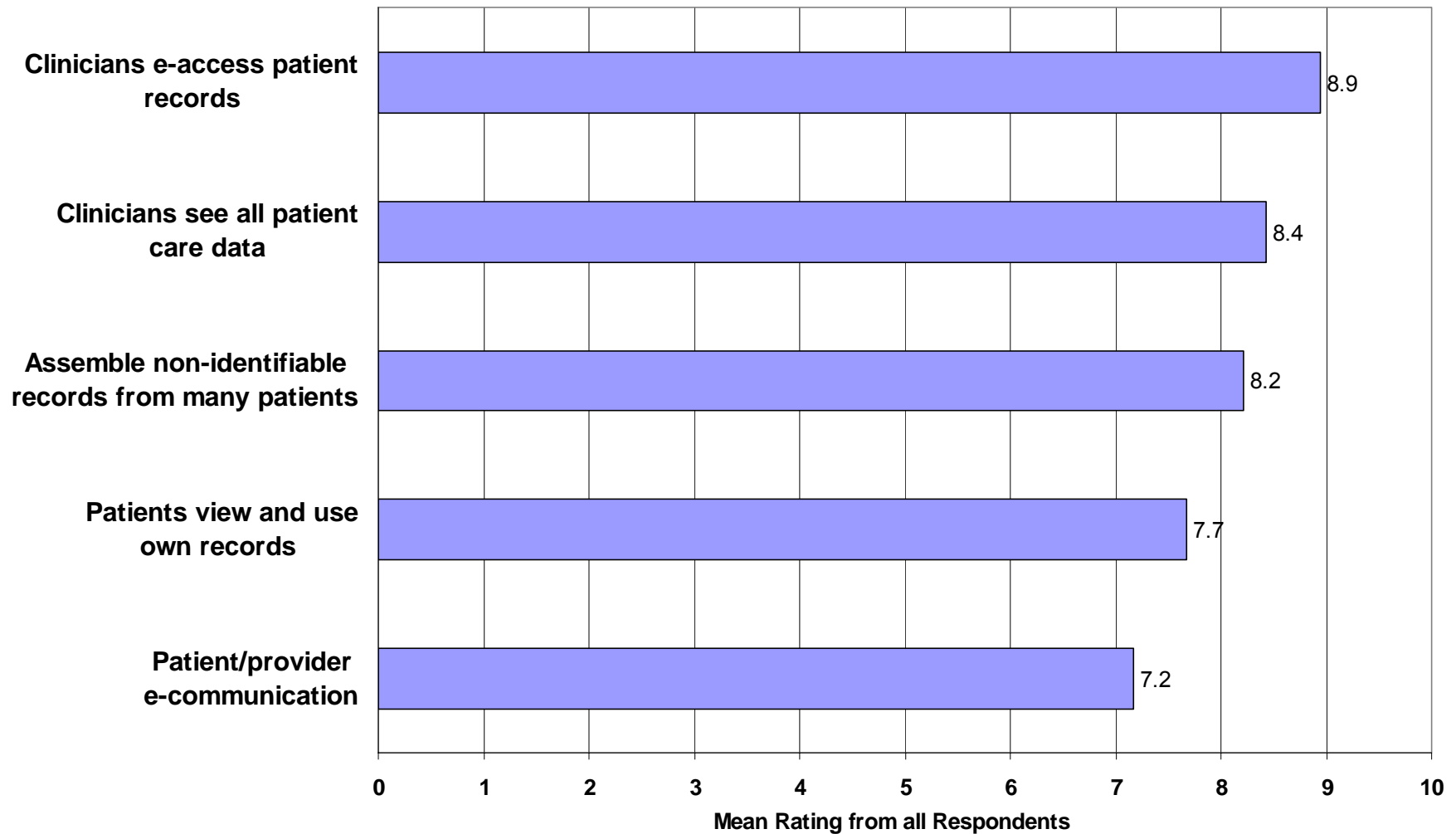
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## Other Priorities Identified by Respondents

- Reducing health care costs (2)
- Re-connecting with health promotion and public health
- Increasing consumerism in health care

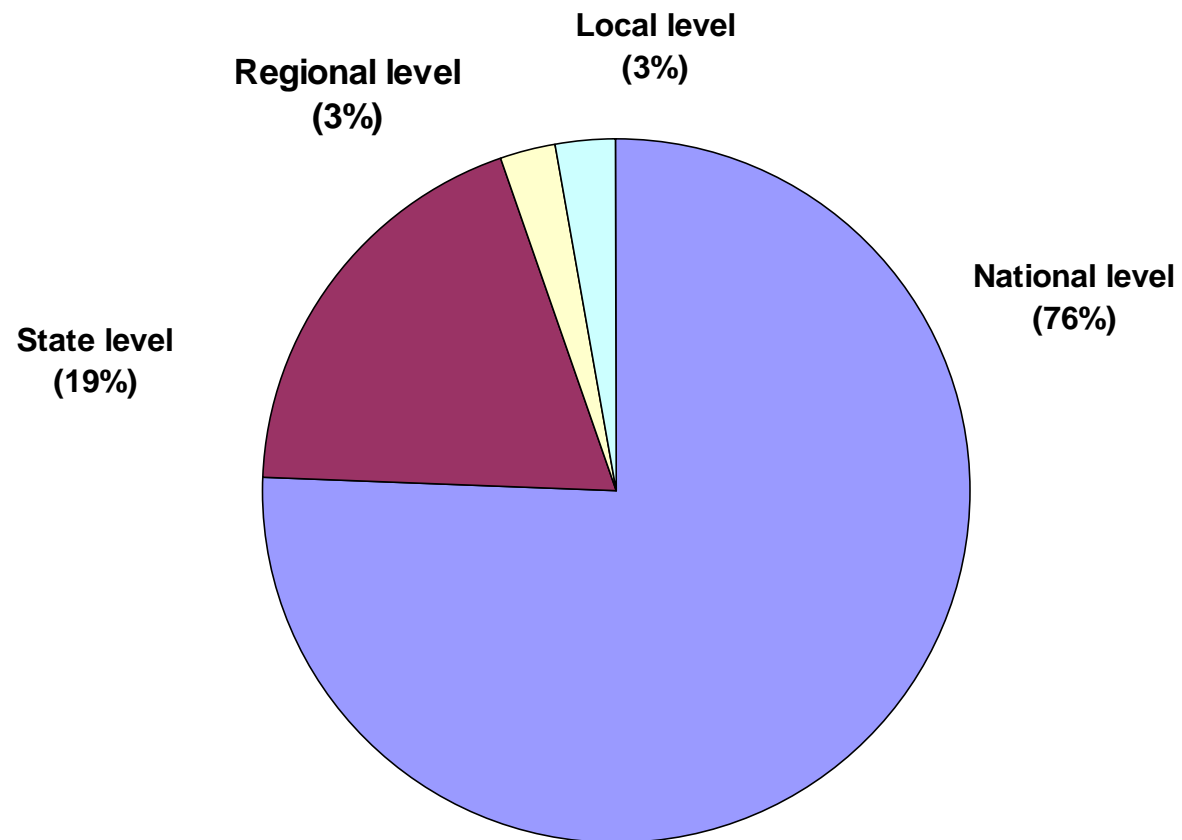


## Priority of Selected Outcomes of EHR and HIT: Rated on a Scale of 1 to 10 (n = 37 respondents)



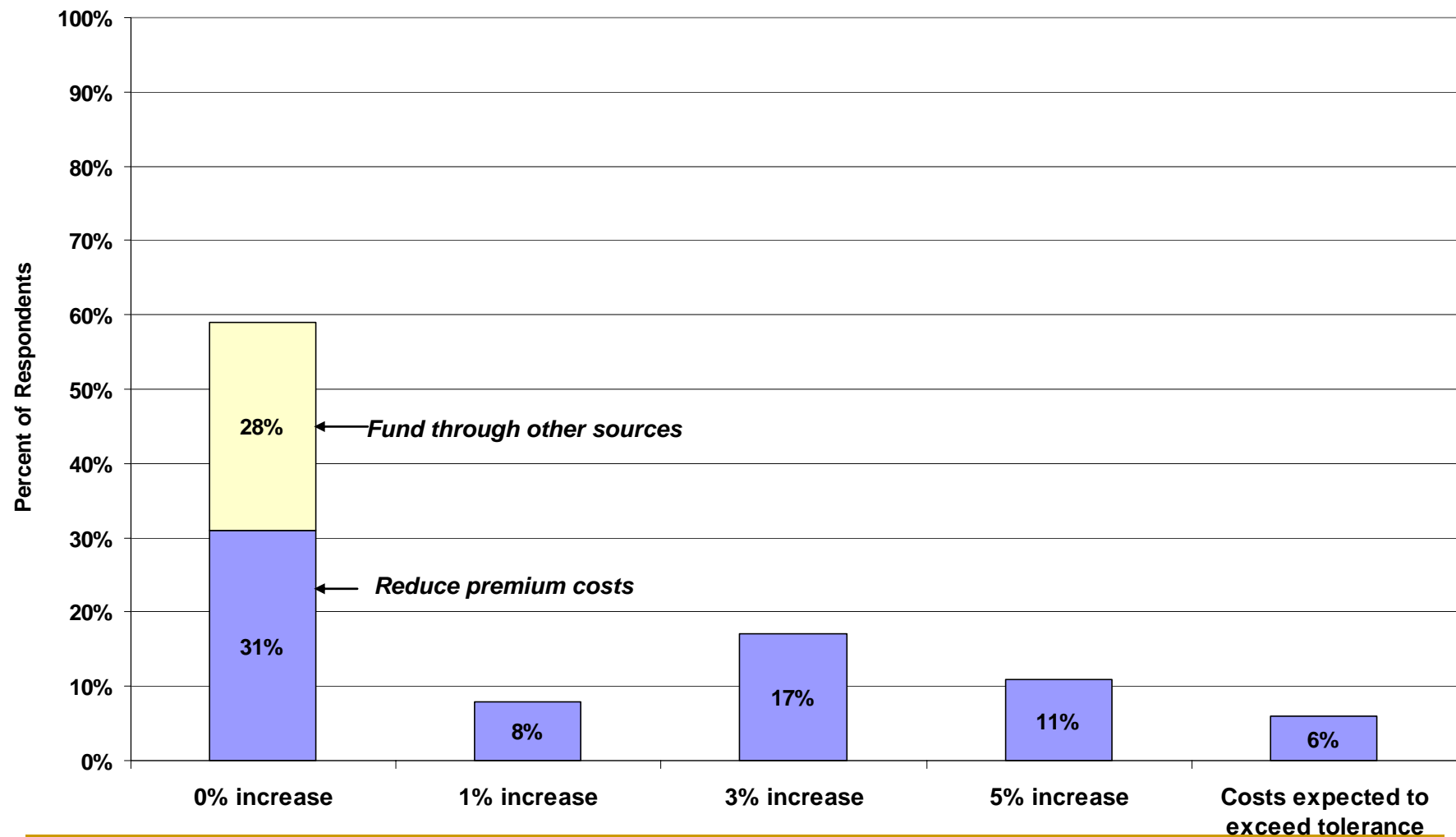
## Where Should Health Information Exchange Standards and Policies be Set?

(n = 37 respondents)



## Tolerance for Increased Premium Costs to Support EHR and HIT

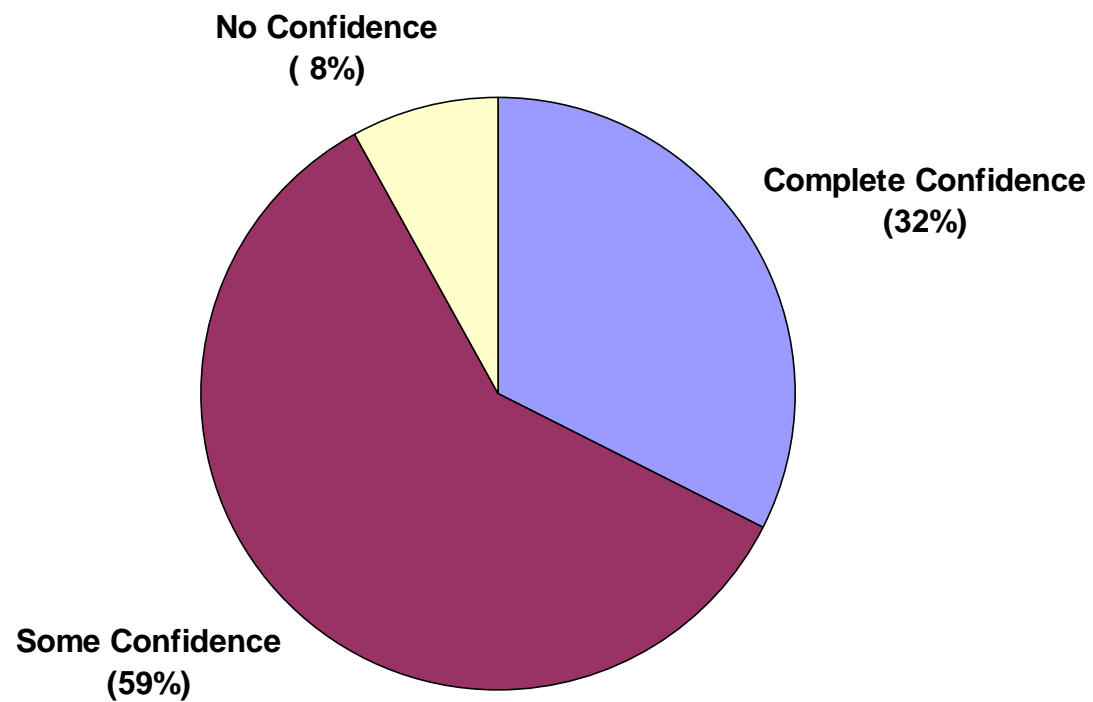
(n = 36 respondents)



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## Confidence in Security and Confidentiality Mechanisms for Health Information Exchange

(n = 37 respondents)



# Selected Stakeholders and Roles

## Sector

- Government Entities
  - Federal
  - State
  - Local
- Health care providers
- Physician practices and Clinics
- Health plans and Insurers
- Employers
- Patients

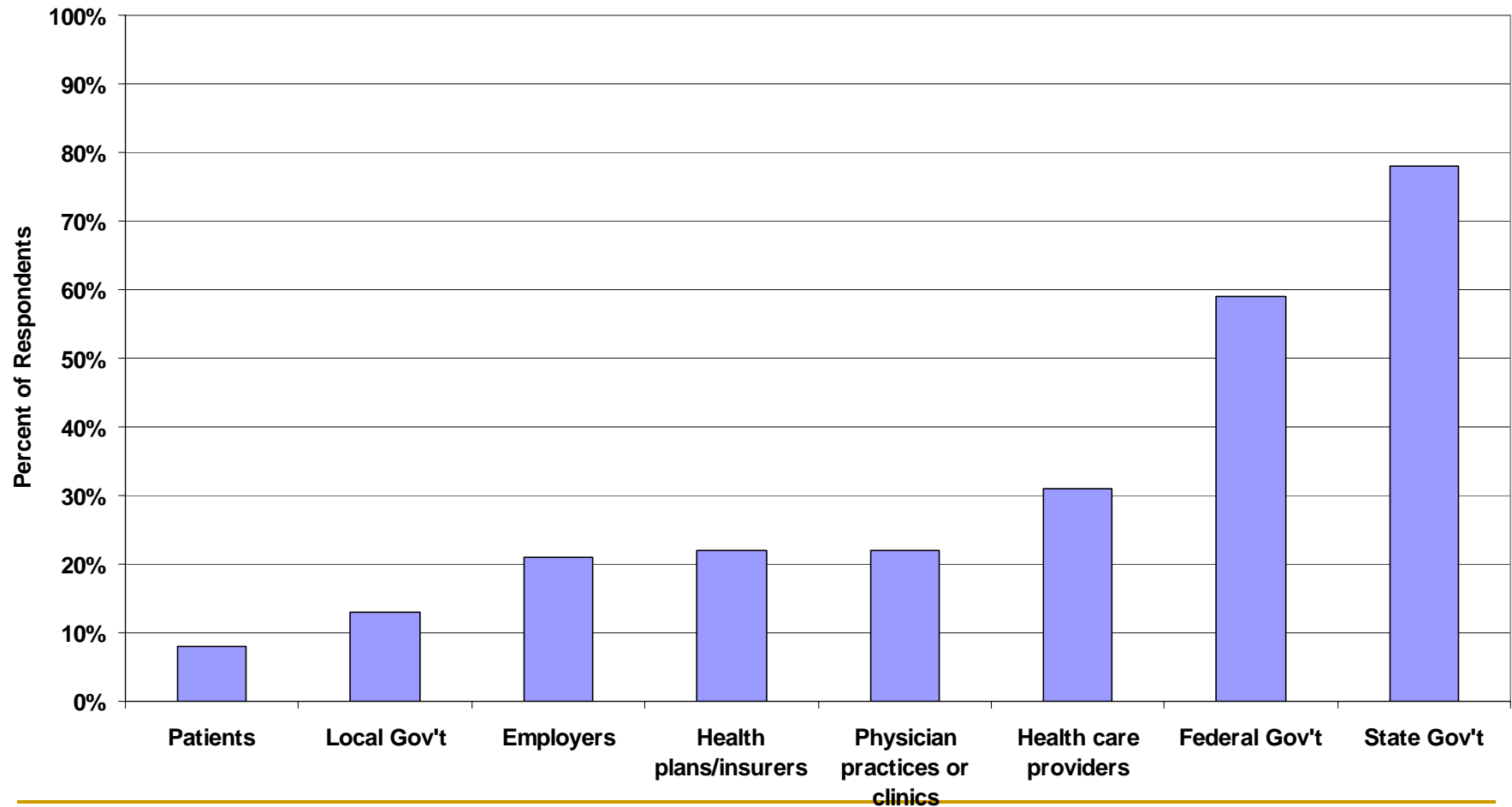
## Possible Roles

- Convener/facilitator
- Financier
- Establish standards and policies
- Data contributor
- Data user
- Data reporting
- Data analysis
- Governance
- Data security and confidentiality
- Technology implementation



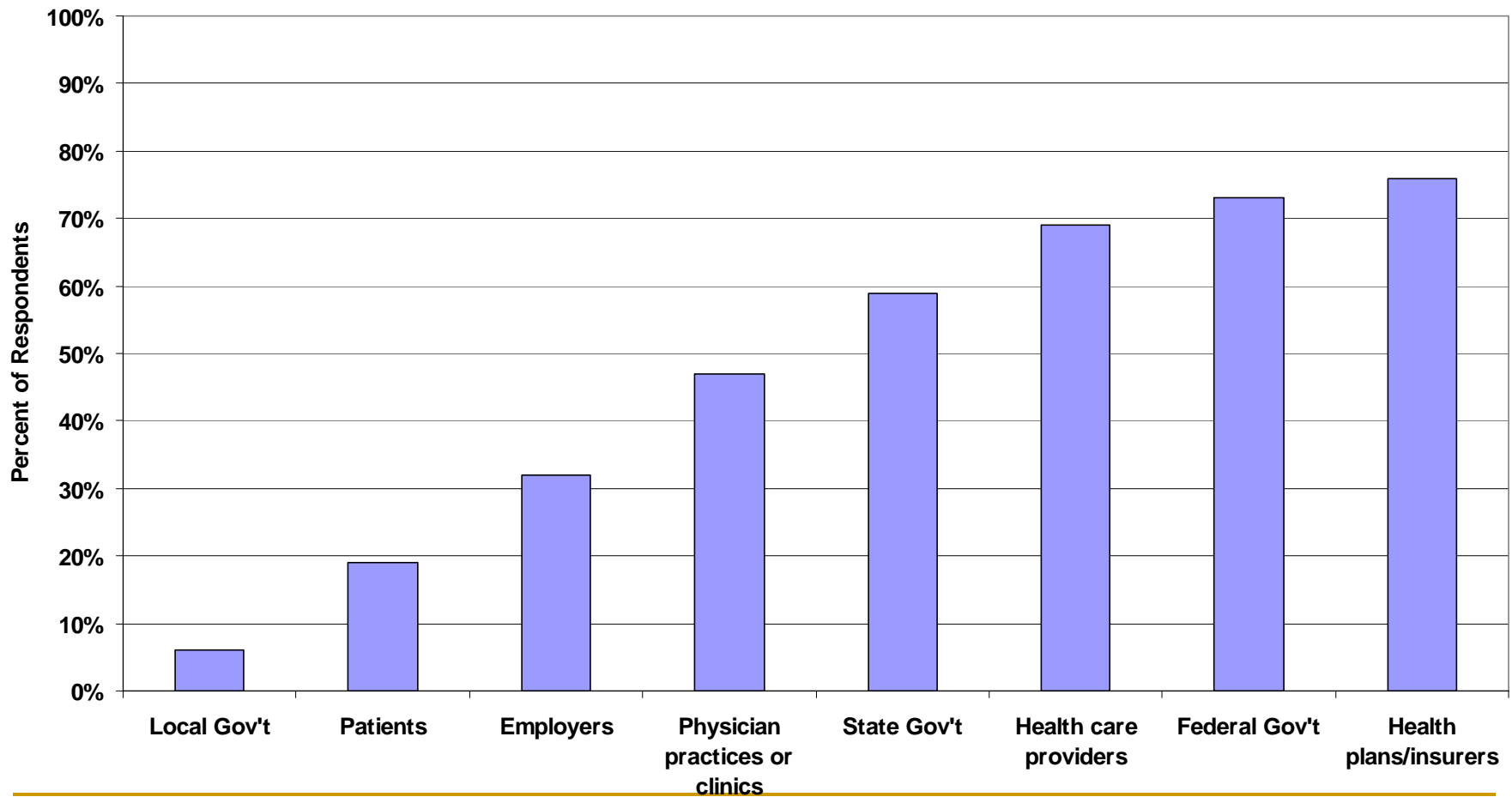
## Who Should Participate as Conveners/Facilitators in Efforts to Adopt and Implement EHR and HIT?

(n = 37 respondents)



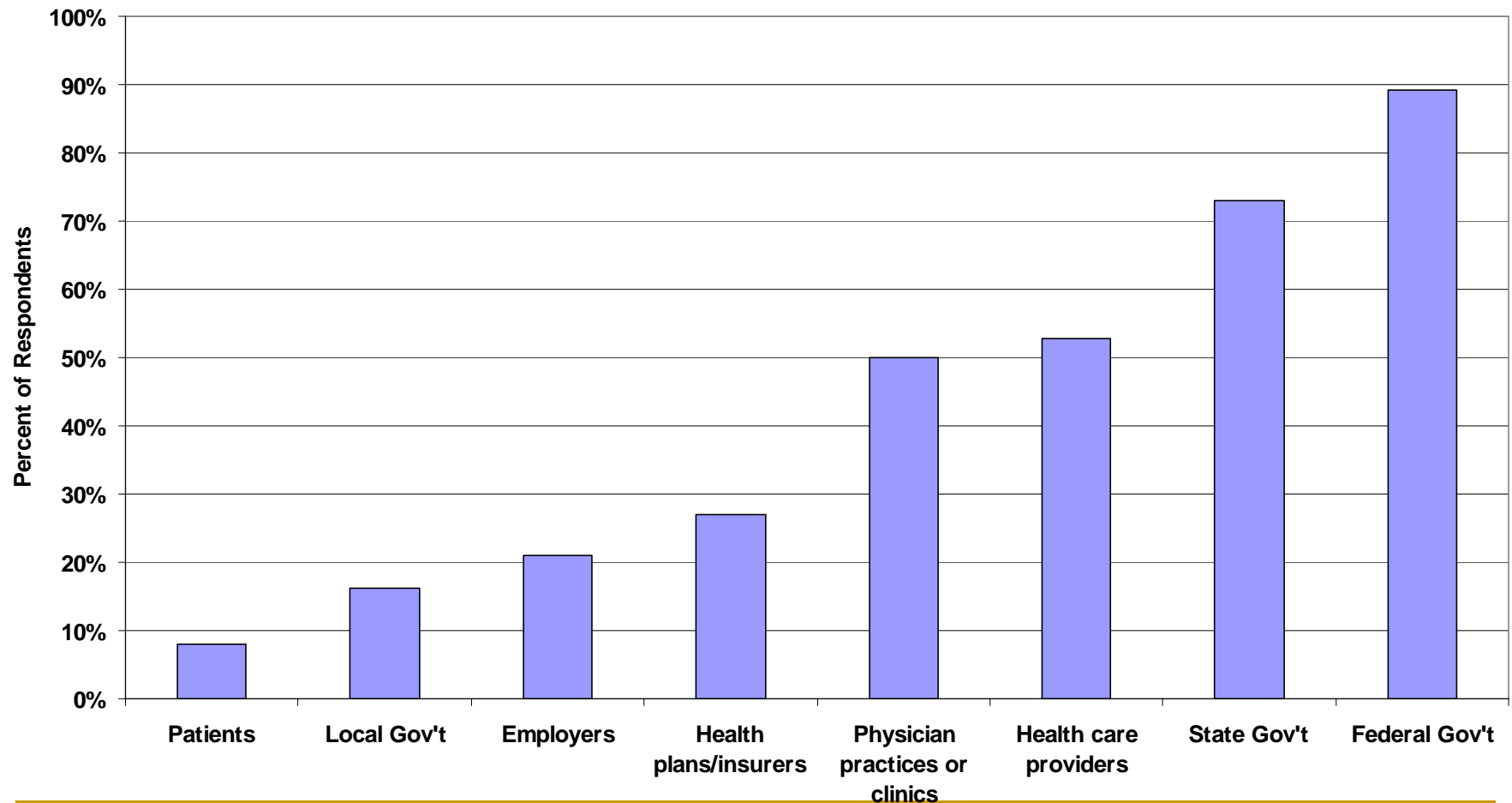
## Who Should Participate in Financing EHR and Health Information Exchange?

(n = 37 respondents)



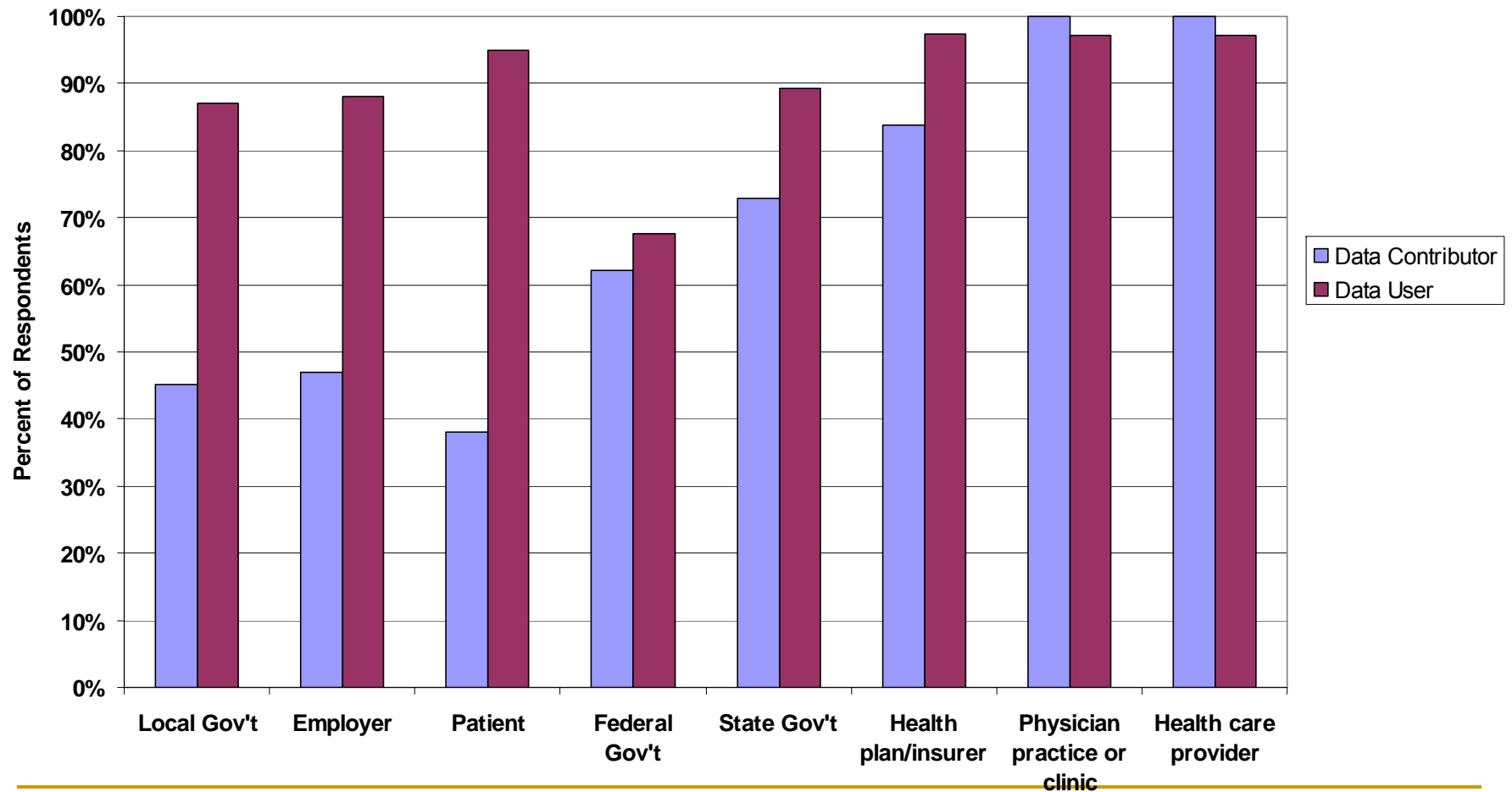
## Who Should Participate in Developing Standards and Policies for EHR and HIT?

(n = 37 respondents)



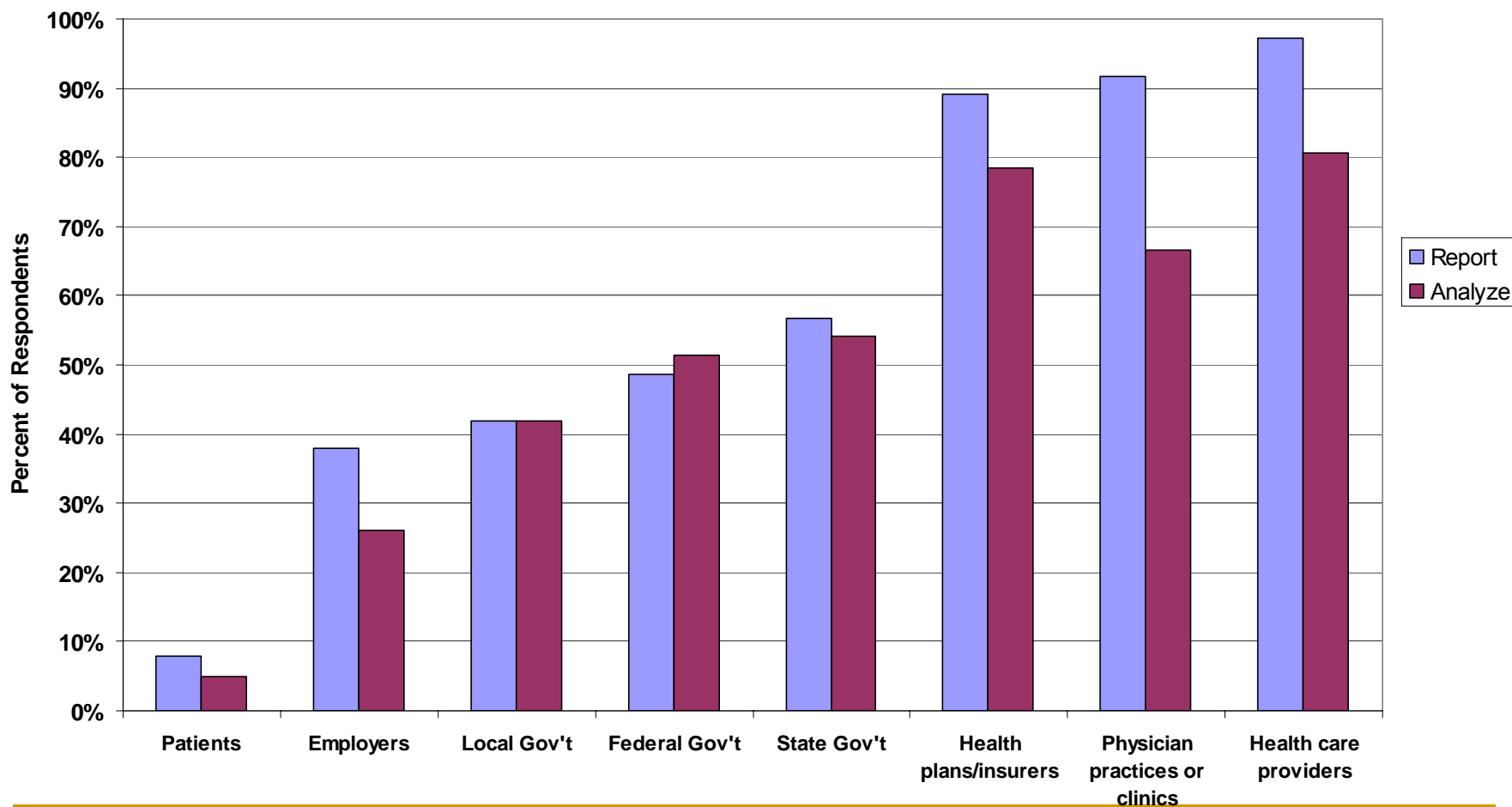
## Who Should Participate as Data Contributors and Data Users for EHR and HIT?

(n = 37 respondents)



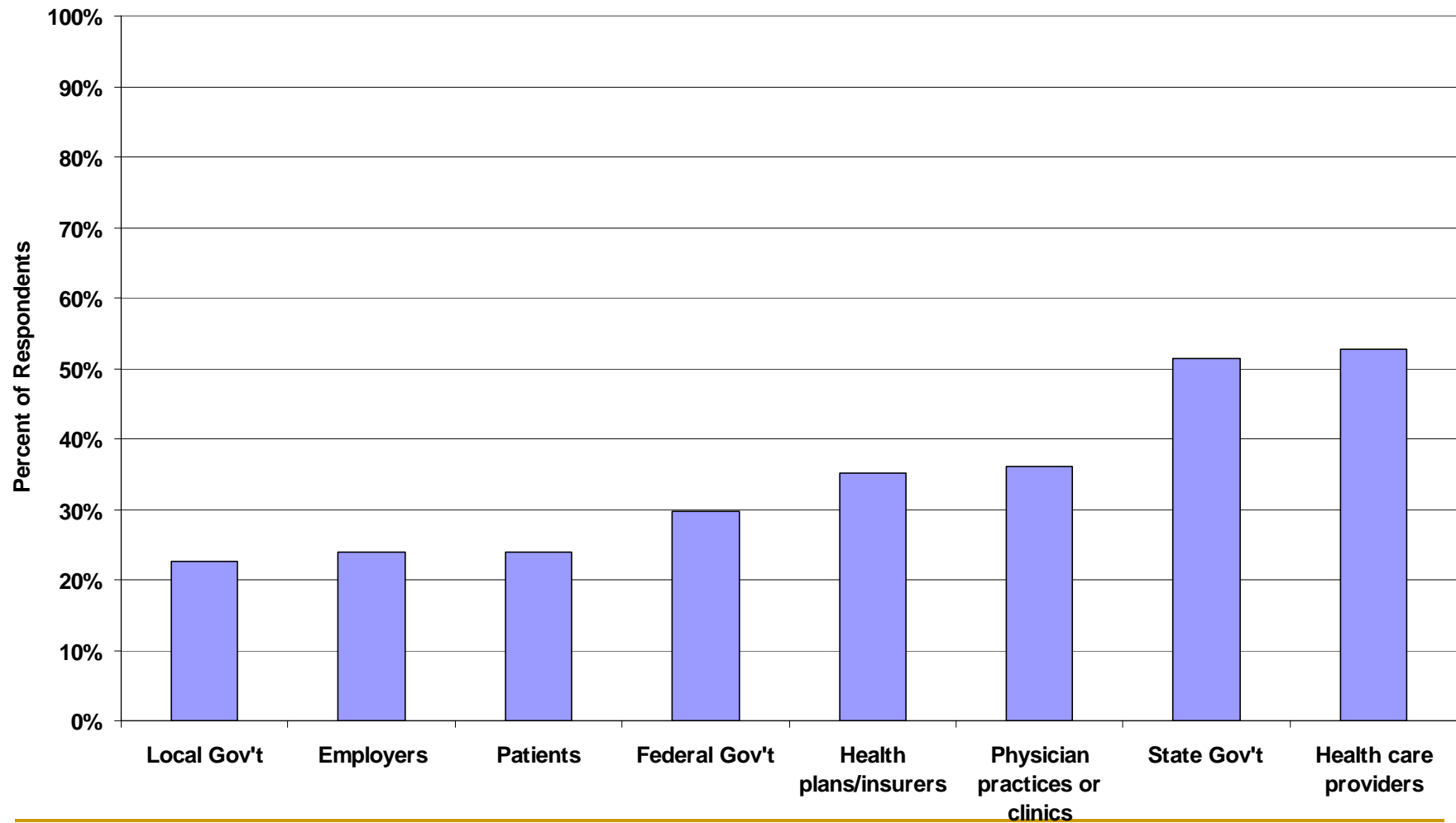
## Who Should Participate in Data Analysis and Reporting Related to EHR and HIT?

(n = 37 respondents)



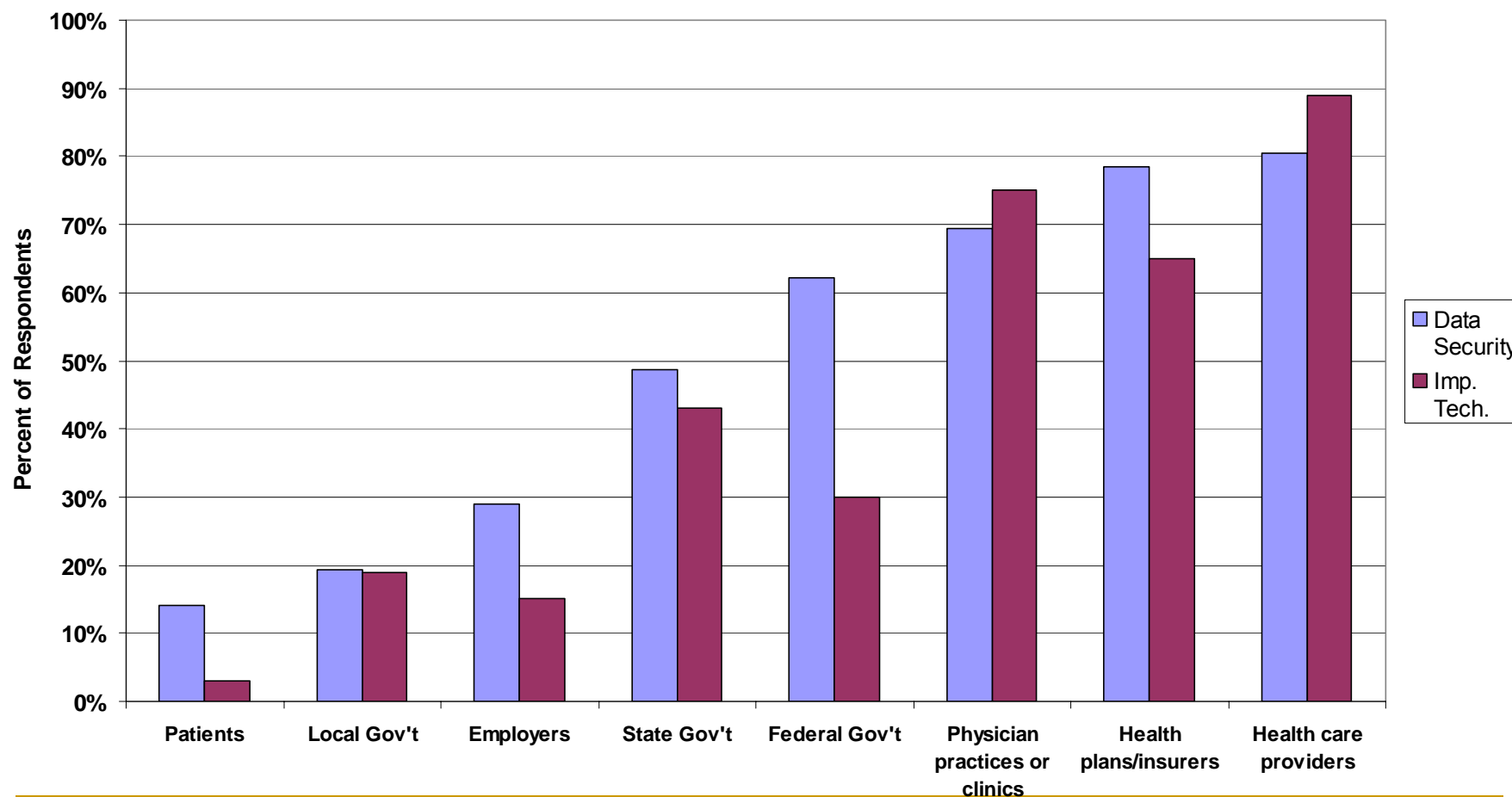
## Who Should Participate in Governing EHR and HIT?

(n = 37 respondents)



## Who Should Participate in Data Security/Confidentiality and Technology Implementation Efforts for EHR and HIT?

(n = 37 respondents)



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# Developing Wisconsin's Action Plan

- The Wisconsin Landscape: SWOT

- Strengths
- Weaknesses
- Opportunities

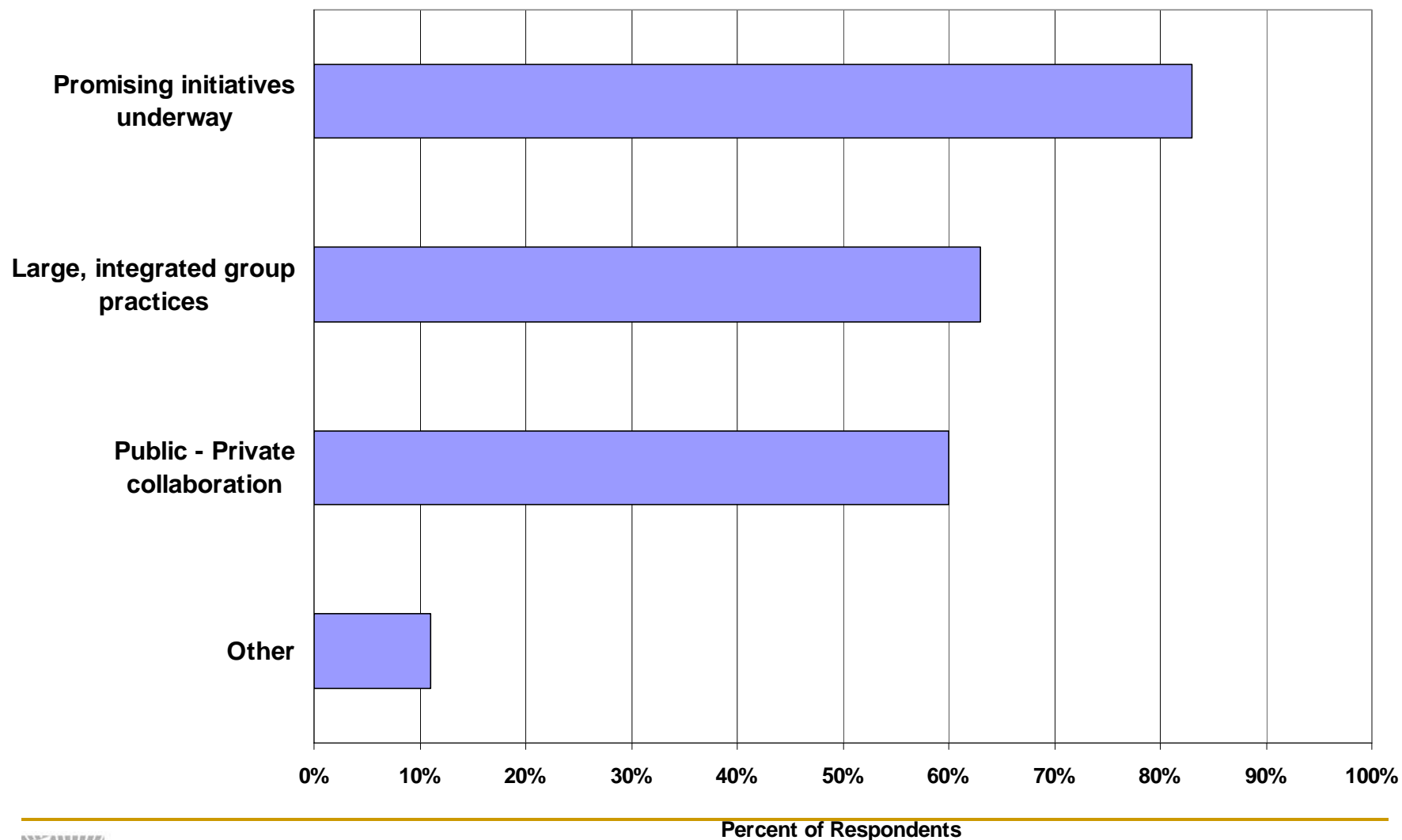
- Challenges Ahead

- Paying for progress in HIT
- Setting standards and policies
- Gaining stakeholder confidence



## Adopting EHR and HIT: Wisconsin's Strengths

(n = 35 respondents)



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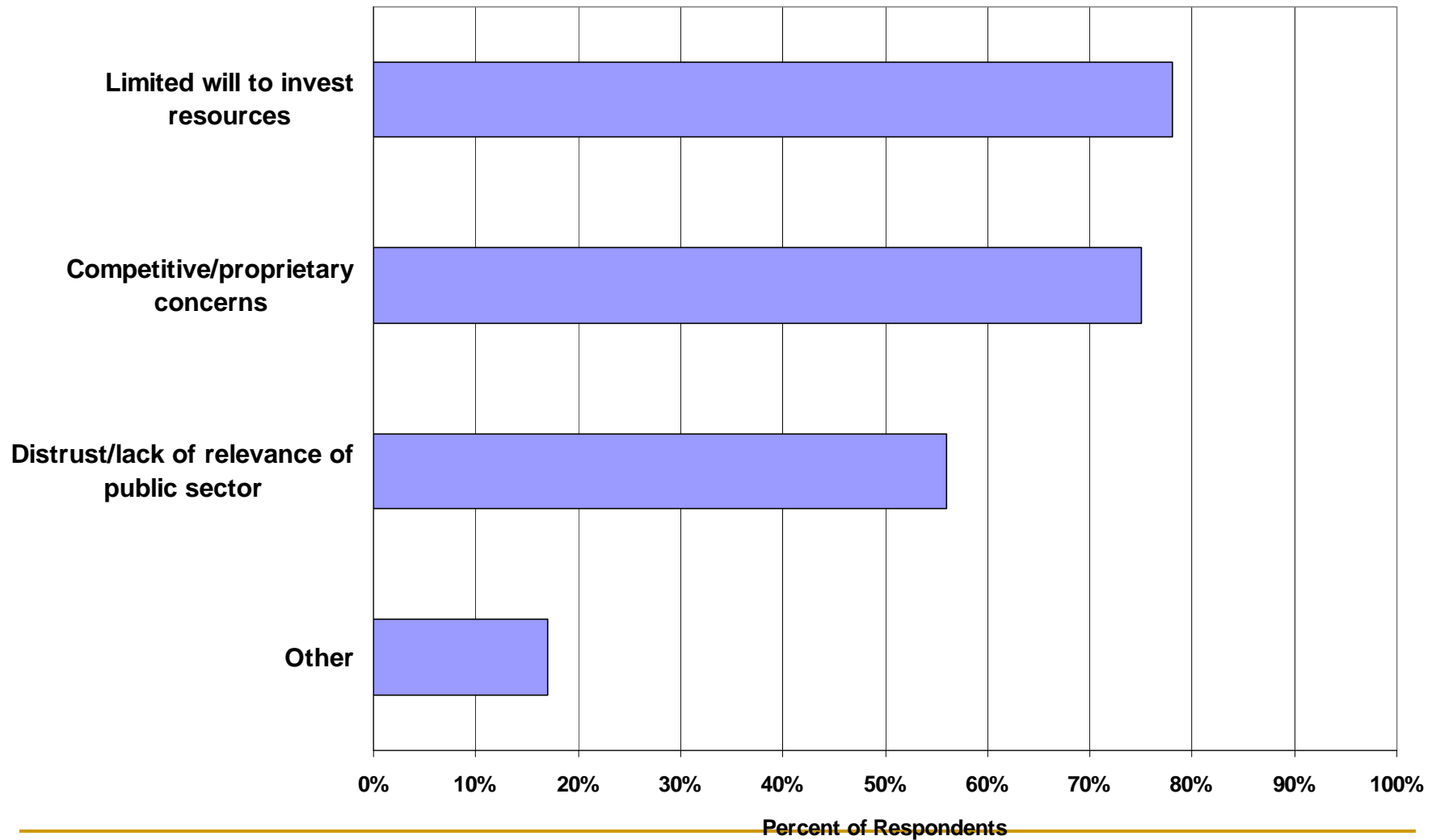
## Other Strengths Identified by Respondents

- Wisconsin's health care provider's financial situation is generally strong
- EPIC's presence in Wisconsin
- Educated health consumers
- Quality hospital discharge data
- Recent private sector collaborations



## Adopting EHR and HIT: Wisconsin's (potential) Weaknesses

(n = 36 respondents)



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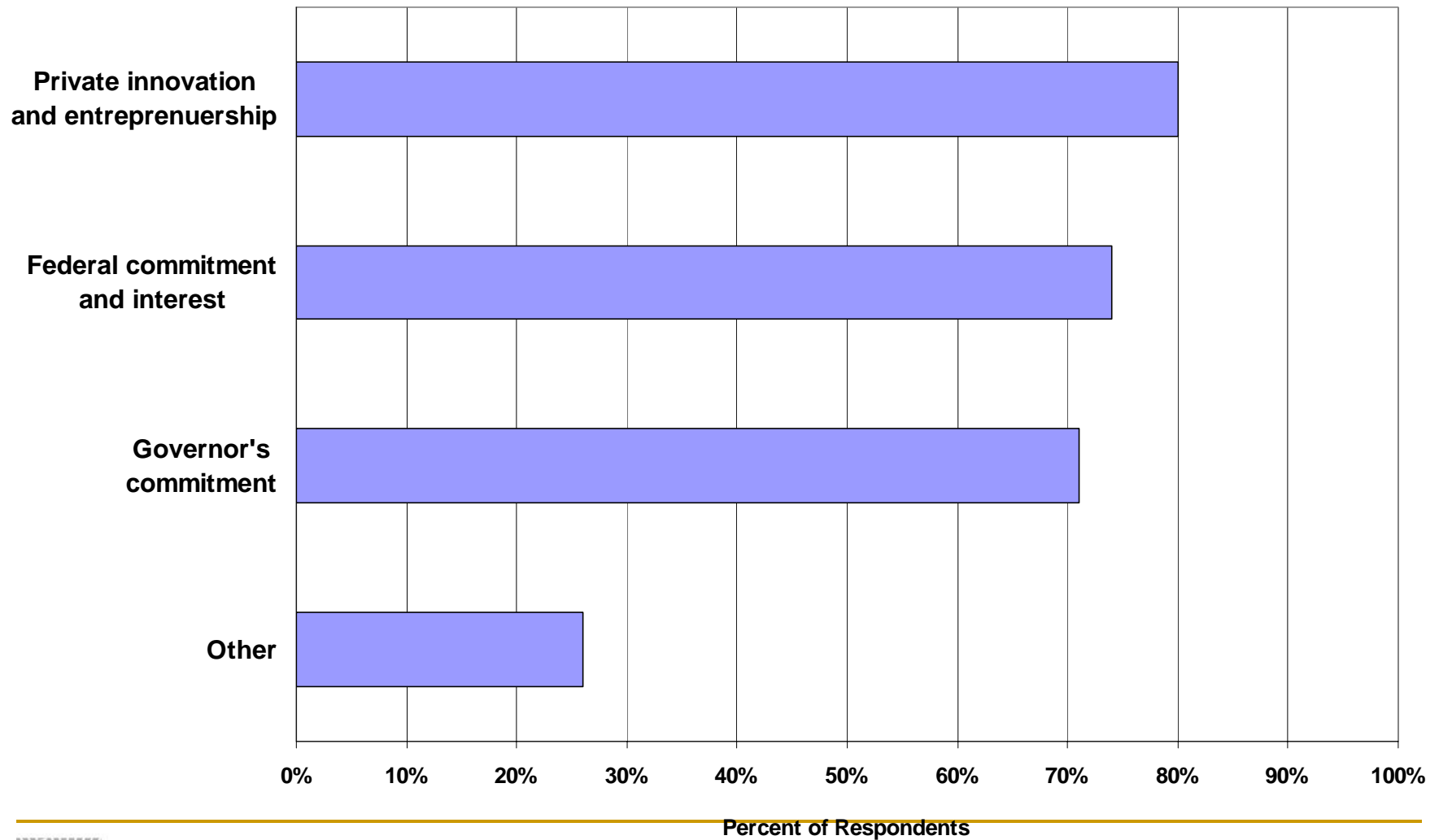
## Other Weaknesses Identified by Respondents

- State mandated reporting to a data bank that went nowhere created a track record of doing nothing with available data
- No connectivity standards yet
- Other projects are already underway; this creates a danger of fragmented data initiatives
- Warring health systems/absence of collaboration among providers
- WHA franchise over hospital discharge data set
- Late start



## Adopting EHR and HIT: Wisconsin's Opportunities

(n = 35 respondents)



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## Other Opportunities Identified by Respondents

- Federal and state funding
- Expanding stakeholders to include more patients, community, consumers, and privacy advocates
- State facilitation assures inclusion of the small, rural perspective
- Establishing recognition by the Governor for providers who are blazing the trail and adopting EHR (e.g., an annual awards ceremony)
- Leadership of business and health systems
- Maintaining trust through involvement for tribal health systems



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# Challenge: Stakeholder Skepticism

- Unclear role for state relative to clear precedence of federal role/responsibility.
- “Technology applied to bad systems.”
- Cross-sector mutual buy-in beyond traditional roles and goals -- public health and personal health care services data exchange.
- Value-added beyond existing private sector initiatives.



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# Moving Forward

- Clearly define state role/purpose of e-health action planning process.
- Action plan must return real value-added
  - Links to and support for existing initiatives
  - Governance: Meaningful involvement from a broad group of appropriate stakeholders
- Reach beyond health services industry to advocacy arena, including privacy advocates and lay public.
- Consider concerns regarding funding and capital investments.

